SERFF Tracking Number:	*LFCR-125723833*	*State:*	*Arkansas*
Filing Company:	*Minnesota Life Insurance Company*	*State Tracking Number:*	*39538*
Company Tracking Number:	*MLE-CNF-LP*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*LTC Guard*		
Project Name/Number:	*/*		

Filing at a Glance

Company: Minnesota Life Insurance Company

Product Name: LTC Guard	SERFF Tr Num: LFCR-125723833	State: ArkansasLH
TOI: LTC03I Individual Long Term Care	SERFF Status: Closed	State Tr Num: 39538
Sub-TOI: LTC03I.001 Qualified	Co Tr Num: MLE-CNF-LP	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Harris Shearer
	Authors: Smith Darlene, Trudy Weigel	Disposition Date: 07/21/2008
	Date Submitted: 07/08/2008	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 07/01/2008
Requested Filing Mode: Review & Approval	Domicile Status Comments: Approved
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 07/21/2008	
State Status Changed: 07/21/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

RE: MINNESOTA LIFE INSURANCE COMPANY – NAIC #66168

Long Term Care filing of Arkansas required partnership forms

For use with ML7500-P-AR et al Tax-Qualified Policy Forms

Approved October 11, 2006

The attached forms, as listed on the attached Form Filing Cover Sheet in Supporting Documentation, are being filed for

your review and approval as new forms and are intended for use with the above referenced previously approved individual long term care forms.

The following forms are being filed to comply with Arkansas's adoption of long term care partnership Regulation 94 and revisions to Regulation 13.

Forms MLE-CNF and MLE-CNF-LP, Contingent Benefit Upon Lapse Endorsements provide the required nonforfeiture if the applicant declines the offer of nonforfeiture in the application. Form MLN-LTC, Things You Should Know Before You Buy Long Term Care Insurance will be given to each prospective applicant. Form ML7500-WRK, Personal Worksheet, will be used to determine whether or not long term care insurance is advisable for a prospective applicant. MLN-PRI-LP, Potential Rate Increase Disclosure Form, will be given to all prospective applicants and will advise them that the premiums may be increased in the future. A Sample Suitability Letter is included as required. Form MLE-RED, Lowering Premiums by Reducing Premiums Endorsement, allows the insured to reduce the premium on the policy by reducing the daily or maximum benefit amount.

The following forms are intended to be used in the Arkansas Long Term Care Partnership program as follows.

Form MLN-PRT-AR will be given to each prospective applicant applying for a partnership policy in Arkansas and Form MLD-PRT-AR will be attached to each policy that becomes a partnership policy as chosen in the Application and Outline. The certification for the policies, ML7500-P-AR is attached to certify that the policy qualifies as a partnership policies.

The following forms are revised to comply with the revised regulations and replace the original forms.Application Form ML7500-A-1-AR, replacing ML7500A-AR, and Outline ML7500-OC-1-AR replacing ML7500OC-AR, are revised to include the nonforfeiture benefits in the required rate stabilization regulation and include a line and box for each applicant to choose a partnership policy and to show the ages at which inflation protection is required.

Company and Contact

Filing Contact Information

(This filing was made by a third party - LCA01)

Trudy Weigel, Compliance Analyst 2 trudy.weigel@lifecareassurance.com
P.O. Box 4243 (818) 867-2240 [Phone]
Woodland Hills, CA 91365-4243 (818) 867-2508[FAX]

Filing Company Information

Minnesota Life Insurance Company	CoCode: 66168	State of Domicile: Minnesota
Long Term Care Administrative Office	Group Code: 869	Company Type:

SERFF Tracking Number:	*LFCR-125723833*	*State:*	*Arkansas*
Filing Company:	*Minnesota Life Insurance Company*	*State Tracking Number:*	*39538*
Company Tracking Number:	*MLE-CNF-LP*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*LTC Guard*		
Project Name/Number:	*/*		

P.O. Box 4243
Woodland Hills, CA 91365-4243
(818) 867-2450 ext. [Phone]

Group Name:
FEIN Number: 41-0417830

State ID Number:

SERFF Tracking Number:	*LFCR-125723833*	*State:*	*Arkansas*
Filing Company:	*Minnesota Life Insurance Company*	*State Tracking Number:*	*39538*
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TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*LTC Guard*		
Project Name/Number:	*/*		

Filing Fees

Fee Required?	Yes
Fee Amount:	$75.00
Retaliatory?	Yes
Fee Explanation:	Minnesota Filing Fee $75.00 per filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Minnesota Life Insurance Company	$75.00	07/08/2008	21289994

SERFF Tracking Number:	*LFCR-125723833*	*State:*	*Arkansas*
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TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*LTC Guard*		
Project Name/Number:	*/*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor (FM)	07/21/2008	07/21/2008

SERFF Tracking Number:	*LFCR-125723833*	*State:*	*Arkansas*
Filing Company:	*Minnesota Life Insurance Company*	*State Tracking Number:*	*39538*
Company Tracking Number:	*MLE-CNF-LP*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*LTC Guard*		
Project Name/Number:	*/*		

Disposition

Disposition Date: 07/21/2008
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*LFCR-125723833*	*State:*	*Arkansas*
Filing Company:	*Minnesota Life Insurance Company*	*State Tracking Number:*	*39538*
Company Tracking Number:	*MLE-CNF-LP*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*LTC Guard*		
Project Name/Number:	*/*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Cover Sheet	Approved-Closed	Yes
Supporting Document	Issuer Certification Form	Approved-Closed	Yes
Form	Contingent Benefit Uppon Lapse endorsement for Limited Pay Poliey	Approved-Closed	Yes
Form	Potential Rate Increase Disclosure Form	Approved-Closed	Yes
Form	Reduction of Benefits Endorsement	Approved-Closed	Yes
Form	Things You Shoulc Know Before You Buy Long Term Care Insurance	Approved-Closed	Yes
Form	Important Information Regarding the Arkansas Long-Term Care Insurance Partnership Program	Approved-Closed	Yes
Form	Important Information Regarding Your Policy's Long-Term Care Insurance Partnership Status	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Form	Application for Long Term Care Insurance Policy	Approved-Closed	Yes

SERFF Tracking Number:	*LFCR-125723833*	*State:*	*Arkansas*
Filing Company:	*Minnesota Life Insurance Company*	*State Tracking Number:*	*39538*
Company Tracking Number:	*MLE-CNF-LP*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
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Project Name/Number:	*/*		

Form Schedule

Lead Form Number: MLE-CNF-LP

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	MLE-CNF-LP	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Contingent Benefit Uppon Lapse endorsement for Limited Pay Poliey	Initial			MLE-CNF-LP.pdf
Approved-Closed	MLN-PRI-LP	Other	Potential Rate Increase Disclosure Form	Initial			MLN-PRI-LP.pdf
Approved-Closed	MLE-RED	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Reduction of Benefits Endorsement	Initial			MLE-RED.pdf
Approved-Closed	MLN-LTC	Other	Things You Shoulc Know Before You Buy Long Term Care Insurance	Initial			MLN-LTC.pdf
Approved-Closed	MLN-PRT-AR	Other	Important Information Regarding the Arkansas Long-Term Care Insurance Partnership Program	Initial			MLN-PRT-AR.pdf
Approved-Closed	MLD-PRT-AR	Other	Important Information Regarding Your	Initial			MLD-PRT-AR.pdf

SERFF Tracking Number:	*LFCR-125723833*	*State:*	*Arkansas*	
Filing Company:	*Minnesota Life Insurance Company*	*State Tracking Number:*	*39538*	
Company Tracking Number:	*MLE-CNF-LP*			
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*	
Product Name:	*LTC Guard*			
Project Name/Number:	*/*			

			Policy's Long-Term Care Insurance Partnership Status			
Approved-Closed	ML7500OC-1-AR	Outline of Coverage	Outline of Coverage	Revised	Replaced Form #: ML7500OC-AR Previous Filing #: SERT-6HBUZ4178	ML7500OC-1-AR.pdf
Approved-Closed	ML7500A-1-AR	Application/ Enrollment Form	Application for Long Term Care Insurance Policy	Revised	Replaced Form #: ML7500A-AR Previous Filing #: SERT-6HBUZ4178	ML7500A-1-AR.pdf

CONTINGENT BENEFIT UPON LAPSE ENDORSEMENT
(Limited Premium Payment Policy)

This endorsement is attached to and made part of your policy as of the Effective Date.

Contingent Benefit Upon Lapse

If we:

(a) increase the premium rates under your policy, which results in a cumulative increase of the annual premium equal to or exceeding the percentage of your initial annual premium, as set forth in the table below; and

(b) your policy lapses as described in the Grace Period and Unintentional Lapse provision of your policy within 120 days of the due date for the payment of the increased premium; and

(c) the ratio of the number of months you have already paid premium is 40% or more than the number of months you originally agreed to pay; then

(d) the following options will become available under your policy:

A. The Benefit Amount shown on the Policy Schedule page of the Policy may be reduced. This may be accomplished by either reduction of the Daily Benefit or Benefit Period, to provide for a Benefit Amount that the current premium payable under the Policy will purchase. Reduction of the Benefit Amount will not be subject to evidence of insurability; or

B. The Policy may be converted to a paid-up status and the total lifetime Benefit Amount for your reduced paid up Policy will be determined by multiplying 90% of the lifetime Benefit Amount, available at the time the Policy becomes paid-up, by the ratio of the number of months you have already paid premiums under the Policy, to the number of months you agreed to pay them at time of application. This option may be elected at any time during the 120-day period referenced above. In addition, if the Policy lapses for nonpayment of premium during this 120-day period, this option will automatically be provided under the Policy.

   The Daily Benefit Amount shown on the Policy Schedule page of your Policy will also be adjusted by the same ratio described above.

(over)

MINNESOTA LIFE

Minnesota Life Insurance Company

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Long Term Care Administrative Office
P.O. Box 4243
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If you purchased a Policy with a lifetime Benefit Amount, only the Daily Benefit Amount shown on the Policy Schedule page of the Policy will be adjusted by the applicable ratio.

Triggers for a Substantial Premium Increase	
Issue Age	**Percent Increase Over Initial Premium**
Under 65	50%
65-80	30%
Over 80	10%

Signed for Minnesota Life Insurance Company, a stock company, at St. Paul, Minnesota on the policy Effective Date.

Secretary

Chairman and Chief Executive Officer

MINNESOTA LIFE

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LONG TERM CARE INSURANCE POTENTIAL RATE INCREASE DISCLOSURE FORM

1. **Premium Rate:** The premium rate that is applicable to you and the coverage you have applied for is shown on the application.
2. **The premium for the policy and any riders that are issued to you will be shown on the Policy Schedule of your policy. This rate will be in effect unless and until the Company requests a premium rate increase and it is approved by the state in which your policy was issued.**
3. **Rate Schedule Adjustments:**

   Premium rate or rate schedule adjustments will be effective on the next anniversary date following the date the state approves a rate increase.
4. **Potential Rate Revisions:**

   This policy is Guaranteed Renewable. This means that the rates for this product may be increased in the future. Your rates can NOT be increased due to your increasing age or declining health, but your rates may go up based on the experience of all policyholders with a policy similar to yours.

   If you receive a premium rate or premium rate schedule increase in the future, you will be notified of the new premium amount and you will be able to exercise at least one of the following options:

   - Pay the increased premium and continue your policy in force as is.
   - Reduce your policy benefits to a level such that your premiums will not increase. (Subject to state law minimum standards.)
   - Exercise your nonforfeiture option if purchased. (This option is available for purchase for an additional premium.)
   - Exercise your contingent nonforfeiture option.* (This option may be available to you if you do not purchase a separate nonforfeiture option.)

***<u>Contingent Nonforfeiture</u>**

If the premium rate for your policy goes up in the future and you didn't buy a nonforfeiture option you may be eligible for contingent nonforfeiture. Here's how to tell if you are eligible:

You will keep some long term care coverage, if:

- Your premium after the increase exceeds your original premium by the percentage shown (or more) in the following table; and
- You lapse (not pay more premiums) within 120 days of the increase.

The amount of coverage (i.e., new lifetime maximum benefit amount) you will keep will equal the total amount of premiums you've paid since your policy was first issued. If you have already received benefits under the policy, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount.

Except for this reduced lifetime maximum benefit amount, all other policy benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

Should you choose this Contingent Nonforfeiture option, your policy, with this reduced maximum benefit amount will be considered "paid up" with no further premiums due.

Turn the Page

Example:

- You bought the policy at age 65 and paid the $1,000 annual premium for 10 years, so you have paid a total of $10,000 in premium.
- In the eleventh year, you receive a rate increase of 50%, or $500 for a new annual premium of $1,500, and you decide to lapse the policy (not pay any more premiums).
- Your "paid-up" policy benefits are $10,000 (provided you have at least $10,000 of benefits remaining under your policy.)

Contingent Nonforfeiture

Cumulative Premium Increase Over Initial Premium That Qualifies for Contingent Nonforfeiture

(Percentage Increase is cumulative from the date of original issue. It does NOT represent a one-time increase)

Issue Age	Percent Increase Over Initial Premium	Issue Age	Percent Increase Over Initial Premium
29 and under	200%	70	40%
30-34	190%	71	38%
35-39	170%	72	36%
40-44	150%	73	34%
45-49	130%	74	32%
50-54	110%	75	30%
55-59	90%	76	28%
60	70%	77	26%
61	66%	78	24%
62	62%	79	22%
63	58%	80	20%
64	54%	81	19%
65	50%	82	18%
66	48%	83	17%
67	46%	84	16%
68	44%	85	15%
69	42%		

In addition to the contingent nonforfeiture benefits described above, the following reduced "paid-up" contingent nonforfeiture benefit is an option in all policies that have a fixed or limited premium payment period, even if you selected a nonforfeiture benefit when you bought your policy. If both the reduced "paid up" benefit AND the contingent benefit described above are triggered by the same rate increase, you can choose either of the two benefits.

You are eligible for the reduced "paid up" contingent nonforfeiture benefit when all three conditions shown below are met:

1. The premium you are required to pay after the increase exceeds your original premium by the same percentage or more shown in the chart below;

Triggers for a Substantial Premium Increase

Issue Age	Percent Increase Over Initial Premium
Under 65	50%
65-80	30%
Over 80	10%

2. You stop paying your premiums within 120 days of when the premium increase took effect; AND
3. The ratio of the number of months you already paid premiums is 40% or more than the number of months you originally agreed to pay.

If you exercise this option your coverage will be converted to reduced "paid-up" status. That means there will be no additional premiums required. Your benefits will change in the following ways:

a. The total lifetime amount of benefits your reduced paid up policy will provide can be determined by multiplying 90% of the lifetime benefit amount at the time the policy becomes paid up by the ratio of the number of months you already paid premiums to the number of months you agreed to pay them.

b. The daily benefit amounts you purchased will also be adjusted by the same ratio.

If you purchased lifetime benefits, only the daily benefit amounts you purchased will be adjusted by the applicable ratio.

Example:

- You bought the policy at age 65 with an annual premium payable for 10 years.
- In the sixth year, you receive a rate increase of 35% and you decide to stop paying premiums.
- Because you have already paid 50% of your total premium payments and that is more than the 40% ratio, your "paid-up" policy benefits are .45 (.90 times .50) times the total benefit amount that was in effect when you stopped paying your premiums. If you purchased inflation protection, it will not continue to apply to the benefits in the reduced "paid-up" policy.

LOWERING PREMIUMS BY REDUCING BENEFITS ENDORSEMENT

This endorsement is attached to and made part of your policy as of the Effective Date.

LOWERING PREMIUMS BY REDUCING BENEFITS

You have the option to reduce your premiums under your current coverage, subject to benefit availability, by selecting one of the following options:

1. reducing the Benefit Amount shown on the Policy Schedule; or
2. reducing the Daily Benefit shown on the Policy Schedule.

The premium rate for your reduced coverage will be based upon your age on the date your policy was originally issued and the premium rate in effect on the date the Benefit Amount or Daily Benefit is reduced.

In the event your policy is about to lapse due to nonpayment of premium, we will notify you of the options described above, which will become available to you in order to reduce your coverage. This notice will be sent to you at least 30 days before your policy is cancelled for nonpayment of premium.

Secretary

Chairman and Chief Executive Officer

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Things You Should Know Before You Buy Long-Term Care Insurance

Long-Term Care Insurance

- A long-term care insurance policy may pay most of the costs for your care in a nursing home. Many policies also pay for care at home or other community settings. Since policies can vary in coverage, you should read this policy and make sure you understand what it covers before you buy it.
- You should **not** buy this insurance policy unless you can afford to pay the premiums every year. Remember that the company can increase premiums in the future.
- The personal worksheet includes questions designed to help you and the company determine whether this policy is suitable for your needs.

Medicare

- Medicare does **not** pay for most long-term care.

Medicaid

- Medicaid will generally pay for long-term care if you have very little income and few assets. You probably should **not** buy this policy if you are now eligible for Medicaid.
- Many people become eligible for Medicaid after they have used up their own financial resources by paying for long-term care services.
- When Medicaid pays your spouse's nursing home bills, you are allowed to keep your house and furniture, a living allowance, and some of your joint assets.
- Your choice of long-term care services may be limited if you are receiving Medicaid. To learn more about Medicaid, contact your local or state Medicaid agency.

Shopper's Guide

- Make sure the insurance company or agent gives you a copy of a book called the National Association of Insurance Commissioners' "Shopper's Guide to Long-Term Care Insurance." Read it carefully. If you have decided to apply for long-term care insurance, you have the right to return the policy within 30 days and get back any premium you have paid if you are dissatisfied for any reason or choose not to purchase the policy.

Counseling

- Free counseling and additional information about long-term care insurance are available through your state's insurance counseling program. Contact your state insurance department or department on aging for more information about the senior health insurance counseling program in your state.

Facilities

- Some long-term care insurance contracts provide for benefit payments in certain facilities only if they are licensed or certified, such as in assisted living centers. However, not all states regulate these facilities in the same way. Also, many people move to a different state from where they purchased their long-term care insurance policy. Read the policy carefully to determine what types of facilities qualify for benefit payments, and to determine that payment for a covered service will be made if you move to a state that has a different licensing scheme for facilities than the one in which you purchased the policy.

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Important Consumer Information Regarding the Arkansas Long-Term Care Insurance Partnership Program

Some long-term care insurance policies sold in Arkansas may qualify for the Arkansas Long-Term Care Insurance Partnership Program (the Partnership Program). The Partnership Program is a partnership between state government and private insurance companies to assist individuals in planning their long-term care needs. Insurance companies voluntarily agree to participate in the Partnership Program by offering long-term care insurance coverage that meets certain State and Federal requirements. Long-term care insurance policies that qualify as Partnership Policies may protect the policyholder's assets through a feature known as "Asset Disregard" under Arkansas Medicaid program.

Asset Disregard means that an amount of the policyholder's assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy will be disregarded for the purpose of determining the insured's eligibility for Medicaid. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy without affecting the person's eligibility for Medicaid. All other Medicaid eligibility criteria will apply. Asset Disregard is not available under a long-term care insurance policy that is not a Partnership Policy. Therefore, you should consider whether Asset Disregard is important to you, and whether a Partnership Policy meets your needs. ***The purchase of a Partnership Policy does not automatically qualify you for Medicaid.***

What are the Requirements for a Partnership Policy. In order for a policy to qualify as a Partnership Policy, it must, among other requirements:

- be issued to an individual after January 1, 2008;
- cover an individual who was an Arkansas resident when coverage first becomes effective under the policy;
- be a tax-qualified policy under Section 7702(B)(b) of the Internal Revenue Code of 1986;
- meet stringent consumer protection standards; and,
- must provide annual inflation protection for ages 75 and younger.

If you apply and are approved for long-term care insurance coverage, Minnesota Life Insurance Company will provide you with written documentation as to whether your policy qualifies as a Partnership Policy.

What Could Disqualify a Policy as a Partnership Policy? Certain types of changes to a Partnership Policy could affect whether such policy continues to be a Partnership Policy. If you purchase a Partnership Policy and later decide to make *any* changes, you should first consult with Minnesota Life Insurance Company to determine the effect of a proposed change. In addition, if you move to a state that does not maintain a Partnership Program or does not recognize your policy as a Partnership Policy, you would not receive beneficial treatment of your policy under the Medicaid program of that state. The information contained in this disclosure is based on current Arkansas and Federal laws. These laws may be subject to change. Any change in law could reduce or eliminate the beneficial treatment of your policy under Arkansas's Medicaid program.

Additional Information. If you have questions regarding long-term care insurance policies please contact Minnesota Life Insurance Company. If you have questions regarding current laws governing Medicaid eligibility, you should contact the Arkansas Department of Human Services.

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Important Information Regarding Your Policy's Long-Term Care Insurance Partnership Status

This disclosure notice is issued in conjunction with your long-term care policy:

Some long-term care insurance policies sold in Arkansas qualify for the Arkansas Long-Term Care Insurance Partnership Program. Insurance companies voluntarily agree to participate in the Partnership Program by offering long-term care insurance coverage that meets certain State and Federal requirements. Long-term care insurance policies that qualify as Partnership Policies may be entitled to special treatment, and in particular an "Asset Disregard," under Arkansas's Medicaid program.

Asset Disregard means that an amount of the policyholder's assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy will be disregarded for the purpose of determining the insured's eligibility for Medicaid. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy without affecting the person's eligibility for Medicaid. All other Medicaid eligibility criteria will apply. Asset Disregard is not available under a long-term care insurance policy that is not a Partnership Policy. **The purchase of a Partnership Policy does not automatically qualify you for Medicaid.**

Partnership Policy Status. **Your long-term care insurance policy is intended to qualify as a Partnership Policy under the Arkansas Long-Term Care Partnership Program as of your Policy's effective date.**

What Could Disqualify Your Policy as a Partnership Policy? If you make any changes to your policy, such changes could affect whether your policy continues to be a Partnership Policy. ***Before you make any changes, you should consult with Minnesota Life Insurance Company to determine the effect of a proposed change.*** In addition, if you move to a State that does not maintain a Partnership Program or does not recognize your policy as a Partnership Policy, you would not receive beneficial treatment of your policy under the Medicaid program of that State. The information contained in this Notice is based on current State and Federal laws. These laws may be subject to change. Any change in law could reduce or eliminate the beneficial treatment of your policy under Arkansas's Medicaid program.

Additional Information. If you have questions regarding your insurance policy please contact Minnesota Life Insurance Company. If you have questions regarding current laws governing Medicaid eligibility, you should contact the Arkansas Department of Human Services.

This form and all benefit statements received should be kept with your policy.

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OUTLINE OF COVERAGE FOR LONG TERM CARE INSURANCE POLICY FORM ML7500P-AR

NOTICE TO BUYER: This policy may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

CAUTION: The issuance of this Long Term Care Insurance Policy is based upon your responses to the questions in your application. A copy of your application is enclosed. If responses are incorrect or untrue, the Company has the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact us at the address shown above.

The policy is an individual policy of insurance.

PURPOSE OF OUTLINE OF COVERAGE - This outline of coverage provides a very brief description of the important features of the policy. You should compare this outline of coverage to outlines of coverage for other policies available to you. This is not the insurance contract, but only a summary of coverage. Only the individual policy contains governing contractual provisions. This means that the policy sets forth in detail the rights and obligations of both you and the Company. Therefore, if you purchase this coverage, or any other coverage, it is important that you READ YOUR POLICY CAREFULLY!

FEDERAL TAX CONSEQUENCES - THE POLICY IS INTENDED TO BE A FEDERALLY TAX-QUALIFIED LONG TERM CARE INSURANCE CONTRACT AS DEFINED UNDER SECTION 7702B(b) OF THE INTERNAL REVENUE CODE OF 1986, as amended. In the event that future changes in federal law require the policy to be amended in order to maintain its status as a federally tax-qualified long term care insurance contract, you will be provided with the opportunity to accept or reject any such amendments. You should consult with your attorney, accountant, or tax advisor regarding the tax implications of purchasing this long term care insurance.

TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED - RENEWABILITY: THE POLICY IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of the policy, to continue the policy as long as you pay your premiums on time. Minnesota Life Insurance Company cannot change any of the terms of the policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

WAIVER OF PREMIUM - Premiums for the policy and attached riders will be waived after you (either insured in the case of joint coverage) have been confined in a nursing care facility or assisted living facility and you satisfy the Payment of Benefits provision. We will return any unearned premium to you on a pro-rata basis. The premium will be waived until you no longer satisfy the Eligibility for the Payment of Benefits provision (because you have recovered and you are no longer confined in a nursing care facility or assisted living facility). Premium payments will then again become due.

For an additional premium payment, an optional Home and Community Based Care Waiver of Premium Rider is also available, as described below.

TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS - Premiums are subject to change. We can only change the premiums for the policy if we change premiums for everyone in your state with the same class. A class includes persons with the same benefits, issue age, and premium rate class at issue. We will give you at least 60 days written notice at your last address shown in our records before we change your premium.

TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED - If you are not satisfied with your policy, you have 30 days to return it to us or our agent for a full refund of any premium you have paid. Upon your death (last of your deaths in the case of joint coverage), we will refund any unearned premium for the policy on a pro-rata basis. We will make this refund within 30 days of our receipt of proof of your death. If you cancel your policy after 30 days, any unearned premium will be refunded to you on a pro-rata basis. If you purchase the optional Full Return of Premium Rider, all of the premiums paid for the policy and riders will be returned to your beneficiary upon your death (last of your deaths in the case of joint coverage).

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE - If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from us. Neither Minnesota Life Insurance Company nor its agents represent Medicare, the federal government or any state government.

LONG TERM CARE COVERAGE - Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, Maintenance or Personal Care Services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community or in the home.

The policy provides coverage for Qualified Long Term Care Services in the form of a fixed dollar indemnity benefit for covered nursing care and assisted living expenses and expense incurred benefit for covered care outside of a nursing care facility or an assisted living facility, subject to policy Elimination Periods, limitations or exclusions described below.

BENEFITS PROVIDED BY THE POLICY

COVERED SERVICES **-** The policy provides benefits for Qualified Long Term Care Services performed in a nursing care facility or assisted living facility and Maintenance or Personal Care Services performed in an assisted living facility. In addition, benefits are provided for Bed Reservation, Respite Care, Hospice Care and an Alternative Plan of Care. You may select coverage under the policy for Home and Community Based Care, including benefits for home health care, adult day care and Caregiver Training.

ELIMINATION PERIOD - This is the number of days, beginning with the day you satisfy the Eligibility for the Payment of Benefits provision and receive either Nursing Care or Home and Community Based Care (if covered under the policy), as defined in the policy, before we will begin paying benefits. You may choose an Elimination Period of 0, 30, 90 or 180 days. Once you have satisfied the Elimination Period, no future Elimination Period is required. Days may be accumulated under separate claims in order to satisfy the Elimination Period. The Elimination Period applies to each insured individually in the case of joint coverage.

If Home and Community Based Care is selected, a Calendar Day Elimination Period Option is available for an additional premium payment. Under this option, if you receive Nursing Care or Home and Community Based Care at least once during any 7-day period (Sunday through Saturday), 7 calendar days will be credited toward satisfaction of your Elimination Period.

The Elimination Period is not applicable to Caregiver Training or Respite Care Benefits and is waived for the first 90 days of Hospice Care. Use of Caregiver Training, Respite Care and the first 90 days of Hospice Care do not count toward satisfaction of the Elimination Period for any other benefits payable under your policy.

BENEFIT AMOUNT - A Lifetime Benefit Period is available which results in an Unlimited Benefit Amount payable for all benefits under the policy. Alternatively, you may select either a 1,825 Day (5 Year), 1,095 Day (3 Year) or 730 Day (2 Year) Benefit Period. Your Benefit Amount is determined by multiplying the Daily Benefit selected by the number of days of coverage desired. This will result in your Benefit Amount payable for all benefits under the policy. In the case of joint coverage, the policy provides for a separate Benefit Amount for each insured. A Shared Benefit Amount Rider is also available as described below.

COVERAGE OUTSIDE THE UNITED STATES - Benefits are payable for covered services received outside the United States or its territories, or Canada for up to 30 days per calendar year. The benefit payable under the policy will be the Daily Benefit shown on the Policy Schedule. Benefits we pay are subtracted from either the Nursing Care or Home and Community Based Care Benefit Amount.

NURSING CARE - Benefits are payable for Qualified Long Term Care Services (including skilled, intermediate or custodial nursing care) provided to you in a nursing care facility or assisted living facility and Maintenance or Personal Care Services performed in an assisted living facility. The benefit payable under the policy will be the Daily Benefit you select. You may choose a Daily Benefit of up to $300 per day. Premium rates will vary according to the Daily Benefit you select. Benefits we pay are subtracted from the Benefit Amount for Nursing Care.

BED RESERVATION - This benefit is payable if you are receiving Nursing Care benefits under the policy, you incur a temporary absence from the nursing care facility or assisted living facility and are charged by the facility to reserve your accommodations. The benefit payable will be the Daily Benefit selected. This benefit is payable for a maximum of 60 days per calendar year. Benefits we pay are subtracted from the Benefit Amount for Nursing Care.

HOSPICE CARE - If you are Terminally Ill benefits are payable for Qualified Long Term Care Services provided to you under a hospice care program. This benefit is not subject to the Elimination Period for the first 90 days. After the first 90 days of Hospice Care, any applicable Elimination Period must be satisfied before we pay additional benefits for Hospice Care.

The benefit payable under the policy will be the Daily Benefit for Nursing Care shown on the Policy Schedule or if covered under your policy, the actual daily Home and Community Based Care charges you incur, up to the Daily Benefit shown on the Policy Schedule. Benefits we pay are subtracted from either the Nursing Care or Home and Community Based Care Benefit Amount.

HOME AND COMMUNITY BASED CARE **-** This benefit will only be covered under the policy if it is selected by you and shown on the Policy Schedule page of the policy. Benefits are payable for home health care provided through a qualified Home Care Agency or Home Health Caregiver, in a setting other than a hospital, nursing care facility or assisted living facility. Home health care includes professional nursing care by or under the supervision of an RN or other licensed nurse; care by a qualified Home Health Aide; therapeutic care services by or under the supervision of a speech, occupational, physical, or respiratory therapist, licensed or certified under state law, if any; services provided by a registered dietician or homemaker services. Benefits are also payable for adult day care and Caregiver Training.

The benefit payable under the policy will be the actual Home and Community Based Care charges you incur, up to the Daily Benefit you select. Premium rates will vary according to the Daily Benefit you select. Benefits we pay are subtracted from the Benefit Amount for Home and Community Based Care.

CAREGIVER TRAINING - If Home and Community Based Care is covered under the policy, this benefit provides for training by a health care professional to an informal caregiver. The informal caregiver may be an unpaid member of your Family, a friend or neighbor.

The benefit payable under the policy will be the actual Caregiver Training charges incurred, up to a Maximum Lifetime Caregiver Training benefit that is equal to 10 times the Daily Benefit selected for Home and Community Based Care. You need not satisfy the Elimination Period to receive this benefit; however, use of the benefit does not count toward satisfaction of the Elimination Period for any other benefits payable under the policy. Benefits we pay are subtracted from the Benefit Amount for Home and Community Based Care.

RESPITE CARE - Benefits are payable for Qualified Long Term Care Services provided on a short term basis to relieve Family or friends who are the primary caregivers in your residence. Such services may be provided in your home, a nursing care facility, an assisted living facility or through a community based program.

The benefit payable under the policy will be the Daily Benefit selected for Nursing Care or the actual Home and Community Based Care charges incurred (if covered under the policy), up to the Daily Benefit selected for Home and Community Based Care. The Respite Care Benefit is payable for a maximum of 30 days per calendar year. You need not satisfy the Elimination Period to receive this benefit; however, use of the benefit does not count toward satisfaction of the Elimination Period for any other benefits payable under the policy. Benefits we pay are subtracted from the appropriate Benefit Amount.

ALTERNATIVE PLAN OF CARE - If you are Chronically Ill, an Alternative Plan of Care Benefit is available if agreed to by you, your Licensed Health Care Practitioner and us. The Alternative Plan of Care benefit amount agreed upon, divided by the Daily Benefit selected, equals the number of subsequent days for which we will not pay additional benefits for Home and Community Based Care (if selected) or Nursing Care under the policy. This number of subsequent days will be considered to have been paid by the Alternative Plan of Care benefit amount agreed to. An Alternative Plan of

Care provides for Qualified Long Term Care Services not specifically shown as being available under the policy including: equipment purchases or rentals; permanent or temporary modifications to your residence (such as ramps or rails), or care services not normally covered under the Home and Community Based Care Benefit. The Alternative Plan of Care Benefit is not available for providing Home and Community Based Care benefits on policies providing Nursing Care benefits only. We reserve the right to make the final decision on any request for the Alternative Plan of Care Benefit. Benefits we pay are subtracted from the appropriate Nursing Care or Home and Community Based Care Benefit Amount.

OPTIONAL PERSONAL CARE ADVISOR - An Optional Personal Care Advisor will be available if requested by you, to assist you with questions regarding such matters as: Eligibility for the Payment of Benefits; appropriate level of care; availability of facilities and other care and service resources in your area; or any other questions you may have about a claim for benefits. You may contact your Optional Personal Care Advisor by calling the toll-free number which will be shown on the Policy Schedule page of the policy. You are not required to use these services in order to file a claim, there is no cost to you for their use and no benefits will be deducted from the Benefit Amount.

OPTIONAL CARE COORDINATION - At your request, if you need Optional Care Coordination assistance related to filing a claim, you may call the toll-free number which will be shown on the Policy Schedule page of the policy and we will arrange for a care coordinator to contact you. The care coordinator will be an RN and will: assess and coordinate appropriate care and services; provide assistance in the development of a Plan of Care; if you wish, maintain a continuing role in the arrangement and monitoring of services and assist with necessary claims documentation. You are not required to use these services in order to file a claim, there is no cost to you for their use and no benefits will be deducted from the Benefit Amount.

DEFINITIONS

Activities of Daily Living means:

1. **Bathing:** washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
2. **Continence:** the ability to maintain control of bowel and bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).
3. **Dressing:** putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
4. **Eating:** feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.
5. **Toileting:** getting to and from the toilet, getting on or off the toilet, and performing associated personal hygiene.
6. **Transferring:** moving into or out of bed, a chair or wheelchair.

Family means you or your spouse and those related to you or your spouse; including a parent, sibling, child, grandparent or grandchild (including any of their in-laws, step or legally adopted relatives).

Hands-On Assistance means the physical assistance of another person without which you would be unable to perform the Activity of Daily Living.

Home Care Agency means a hospital, agency, or other provider licensed under state law, if any, to provide Home Health Care.

Home Health Aide means a person, other than an RN or nurse, who provides Maintenance or Personal Care Services through a Home Care Agency. A Home Health Aide must be licensed or certified under state law, if any, and acting within the scope of his or her license or certification at the time the treatment or service is performed.

Home Health Caregiver means a person who is approved by us and:

1. is independently employed and not associated with a Home Care Agency;
2. provides care within the scope of his or her employment in the performance of Qualified Long Term Care Services; and
3. is licensed or certified under state law, if any, and acting within the scope of his or her license at the time the treatment or service is performed.

Licensed Health Care Practitioner means:

1. a physician;
2. a registered nurse; or
3. a licensed social worker.

The Licensed Health Care Practitioner must not be a member of your Family.

Maintenance or Personal Care Services means any care provided primarily to give needed assistance to you as a result of your being Chronically Ill (including protection of your health and safety due to a Severe Cognitive Impairment).

Plan of Care means a written plan prescribed by a Licensed Health Care Practitioner developed in consultation with you, based upon an assessment indicating you are Chronically Ill. The Plan of Care will recommend the necessary services to be performed. In addition, it will specifically identify the frequency and type of care most suitable to meet your needs, as well as the most appropriate providers for such care. The Plan of Care is updated as your needs change.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care Services, which are required by you when you are Chronically Ill and are provided pursuant to a Plan of Care.

Severe Cognitive Impairment means your deterioration or loss of your intellectual capacity which requires Substantial Supervision by another person to protect yourself or others from threats to health and safety. It is measured by clinical evidence and standardized tests which reliably measure your impairment in:

1. short or long term memory;
2. your orientation as to person (such as who you are), place (such as your location) and time (such as day, date and year); and
3. deductive or abstract reasoning.

A Severe Cognitive Impairment includes Alzheimer's disease and similar forms of irreversible dementia.

Single Claim Period means a claim for benefits under the policy that is not interrupted by a period of 180 consecutive days. If you do not satisfy the Payment of Benefits provision under the policy (because you have recovered and you are not receiving benefits under the policy) for 180 consecutive days or longer, a new Single Claim Period will be established.

Stand-By Assistance means the presence of another person within arm's reach of you that is necessary to prevent, by physical intervention, injury to you while you are performing the Activity of Daily Living.

Substantial Assistance means Hands-On or Stand-By Assistance.

Substantial Supervision means continual supervision by another person to protect you or others from threats to health or safety (such as may result from wandering) when you have a Severe Cognitive Impairment. Such supervision may include cueing by verbal prompting, gestures, or other similar demonstrations.

Terminally Ill means a medical prognosis given by a physician that the insured's life expectancy is six months or less.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS - You will satisfy the Eligibility for the Payment of Benefits provision if you are a Chronically Ill individual, which means that within the previous 12 months you have been certified by a Licensed Health Care Practitioner as: being unable to perform, without Substantial Assistance, at least two Activities of Daily Living for an expected period of at least 90 days due to loss of functional capacity; or having a Severe Cognitive Impairment.

The expected 90-day period for loss of functional capacity does not establish a waiting period beyond any Elimination Period selected before benefits become payable under the policy.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR THE PAYMENT OF BENEFITS

NON-ELIGIBLE FACILITIES

A nursing care facility does not include a hospital, convalescent home, board and rest home, home for the aged, a residential care facility, domiciliary and retirement care facility, training center, government or veteran facility or any other facility where the patient is not required to pay. An assisted living facility does not include a hospital.

No benefits will be paid under the policy for confinement in:

1. non-eligible facilities; or
2. a facility that is not licensed or certified (if licensing or certification is required in your state).

LIMITATIONS AND EXCLUSIONS

No benefits will be paid and the Elimination Period will not be satisfied for any confinement, care, treatment or service(s):

1. provided to you by a person in your Family;
2. provided outside of the United States or its territories, or Canada, except as described above under Coverage Outside the United States;
3. for which you have no financial liability or that is provided at no charge in the absence of insurance;
4. provided in facilities operated primarily for the treatment of alcoholism or drug addiction; or
5. provided in facilities operated primarily for the treatment of mental or nervous disorders. However, this shall not operate to exclude coverage for loss which results from Alzheimer's or any other demonstrable organic disease such as senile dementia.

NONDUPLICATION OF BENEFITS

Benefits are not payable under the policy for: (1) expenses incurred for Home and Community Based Care (if covered under the policy) to the extent that such expenses are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount; or (2) any other state or federal workers' compensation plan, or other governmental program (except Medicaid).

For purposes of satisfying the Elimination Period, days on which you satisfy the Eligibility for the Payment of Benefits provision, but coverage is excluded due to the Nonduplication of Benefits provision, will count toward satisfaction of the Elimination Period.

PAYMENT OF BENEFITS

While the policy is in force, we will pay benefits if:

1. you satisfy the Eligibility for the Payment of Benefits provision;
2. you have satisfied any applicable Elimination Period shown on the Policy Schedule page of the policy;
3. you receive services covered under the policy pursuant to a Plan of Care;
4. you are not receiving any other benefits covered under the policy;
5. you have not been paid benefits that exceed the Benefit Amount or if shown on the Policy Schedule page of the policy, the Maximum Benefit Amount With Restoration of Benefits or the Shared Benefit Amount;
6. your claim is properly filed according to the requirements described in the policy; and
7. your claim is not subject to any limitations or exclusions contained in the policy.

THE POLICY MAY NOT COVER ALL EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.

RELATIONSHIP OF COST OF CARE AND BENEFITS - Because the costs of long term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. The benefit levels of the basic policy will not increase over time. For an additional premium payment, you may purchase one of the optional Benefit Increase Riders described below.

ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS - Subject to Eligibility for the Payment of Benefits, Payment of Benefits and any limitations or exclusions described above, the policy provides coverage if you are clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses.

PREMIUM PAYMENTS

PREMIUM PAYMENT OPTIONS

10-YEAR AND 20-YEAR PREMIUM PAYMENT OPTIONS - These options provide that at the end of the premium payment period if each required premium has been paid, the policy will automatically be renewed for the rest of your life with no further premium payments required. During the premium payment period, premiums will be subject to change as described under "TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED" above.

LONG TERM CARE INSURANCE POLICY

* *If a PARTNERSHIP POLICY is selected below and you are age **60 or younger**, the Compound Benefit Increase Rider must be selected and will be issued with your Policy. If you are age **61-75**, either the Compound or Simple Benefit Increase Rider must be selected and will be issued with your Policy.*

☒ Partnership Policy ☐ Non-Partnership Policy

Elimination Period: ☐ 0 Days ☐ 30 Days ☒ 90 Days ☐ 180 Days

Daily Benefit: $ 100.00

Benefit Period: ☐ Lifetime ☐ 1,825 Days (5 Years)
☒ 1,095 Days (3 Years) ☐ 730 Days (2 Years)

The following are the Annual Premiums for the coverage you have applied for:

Comprehensive Coverage is Nursing Care plus Home and Community Based Care (HCBC)

		Premium
Select only one of the following coverage combinations:		
☐ Nursing Care Only	$	
☒ Comprehensive	$	508.60
☐ Comprehensive with HCBC Indemnity Benefit Rider (Form ML7500R-IND)	$	
☐ Comprehensive with Monthly HCBC Benefit Rider (Form ML7500R-MTH) **(The Compound Benefit Increase Rider must also be selected)**	$	
Benefit Increase Riders (select only one) *:		
☒ Compound Benefit Increase (Form ML7500R-CBI)	$	1,017.20
☐ Simple Benefit Increase (Form ML7500R-SBI)	$	
Nonforfeiture Rider:		
☒ Shortened Benefit Period Nonforfeiture (Form ML7500R-SBN)	$	534.03
Benefit Extension Riders (select only one): **(Not available with Lifetime Benefit Period)**		
☐ Restoration of Benefits (Form ML7500R-ROB)	$	
☐ Shared Benefit Amount (Form ML7500R-SBA)	$	
Additional Benefits:		
☐ Full Return of Premium Rider (Form ML7500R-ROP)	$	
The following are available with Comprehensive coverage only.		
☐ HCBC Waiver of Premium Rider (Form ML7500R-WOP)	$	
☐ HCBC First Day Coverage Rider (Form ML7500R-FDC) **(not available with Calendar Day Elimination Period Option below)**	$	
☐ Calendar Day Elimination Period Option (Form MLE-CDE) **(May be added if 30, 90 or 180 days have been selected)**	$	
Premium Payment Options: ☐ Lifetime		
☐ 20 Year Premium	$	
☒ 10 Year Premium	$	3,089.75
TOTAL ANNUAL PREMIUM:	$	5,149.58

ADDITIONAL FEATURES

MEDICAL UNDERWRITING - Your insurability for the policy will be determined by the answers given in your application and any other authorized medical information we obtain regarding your current state of health.

GRACE PERIOD - Except for the first premium, you will have 31 days after each due date to pay the premium due. The policy remains in force during the Grace Period.

UNINTENTIONAL LAPSE - If your premium is not paid by the 30th day of the Grace Period, we will provide written notice to you and any individuals designated by you to receive notice of nonpayment of premium. Notice will be sent at least 30 days before cancellation of your coverage. If your premium is not paid within 35 days after notice is sent, your policy will lapse for nonpayment of premium.

NONFORFEITURE BENEFITS - If you choose not to select the following optional nonforfeiture rider, a contingent benefit upon lapse will be available if: (1) the policy lapses as described under the Grace Period and Unintentional Lapse provisions of the policy; and (2) the premium rates for the policy are substantially increased. The benefit provided will be in the form of a Shortened Benefit Period as described below.

In addition to the contingent nonforfeiture benefit described above, if you select a limited premium payment option an additional contingent nonforfeiture benefit may also be available in the form of a reduced "paid-up" policy.

OPTIONAL RIDERS (available for an additional premium payment)

SHORTENED BENEFIT PERIOD NONFORFEITURE RIDER - The rider provides a benefit when the policy remains in force for at least 3 years and lapses due to nonpayment of premium. Coverage will continue and benefits will be payable based on the Daily Benefit in effect on the date of lapse. The new Benefit Amount payable under the rider will become equal to the greater of: (1) the total of premiums paid for the policy and all riders; or (2) 30 times the Daily Benefit in effect at the time of lapse. Any benefits we pay after the policy lapses will be subtracted from this new Benefit Amount.

FULL RETURN OF PREMIUM RIDER - If you (both insureds in the case of joint coverage) die while the policy is in force, the total of premiums paid for the policy and any attached riders will be paid to your beneficiary.

HOME AND COMMUNITY BASED CARE INDEMNITY BENEFIT RIDER - The rider will pay the full Daily Benefit selected for Home and Community Based Care (if covered under the policy), regardless of the actual expenses incurred by you. Benefits we pay are subtracted from the Home and Community Based Care Benefit Amount.

HOME AND COMMUNITY BASED CARE WAIVER OF PREMIUM BENEFIT RIDER - The rider will waive premiums for the policy and any attached riders after you (either insured in the case of joint coverage) have selected and are receiving Home and Community Based Care at least once per week and you have satisfied the Payment of Benefits provision under your policy. No further premiums will be due. We will return any unearned premium to you on a pro-rata basis. The premium will be waived until you no longer satisfy the Eligibility for the Payment of Benefits provision (because you have recovered and you are no longer receiving Home and Community Based Care, or you are no longer confined in a nursing care facility or assisted living facility). Premium payments will then again become due.

MONTHLY HOME AND COMMUNITY BASED CARE BENEFIT RIDER - The rider will pay the actual Home and Community Based Care expenses incurred, on a monthly basis during any calendar month, up to the Daily Benefit selected for Home and Community Based Care times the actual number of days in that calendar month. Benefits we pay are subtracted from the Home and Community Based Care Benefit Amount.

HOME AND COMMUNITY BASED CARE FIRST DAY COVERAGE RIDER - The rider will waive any Elimination Period required for Home and Community Based Care Benefits. If you otherwise satisfy the Payment of Benefits provision for Home and Community Based Care, no Elimination Period will be required and benefits will be payable on the first day you are qualified to receive benefits.

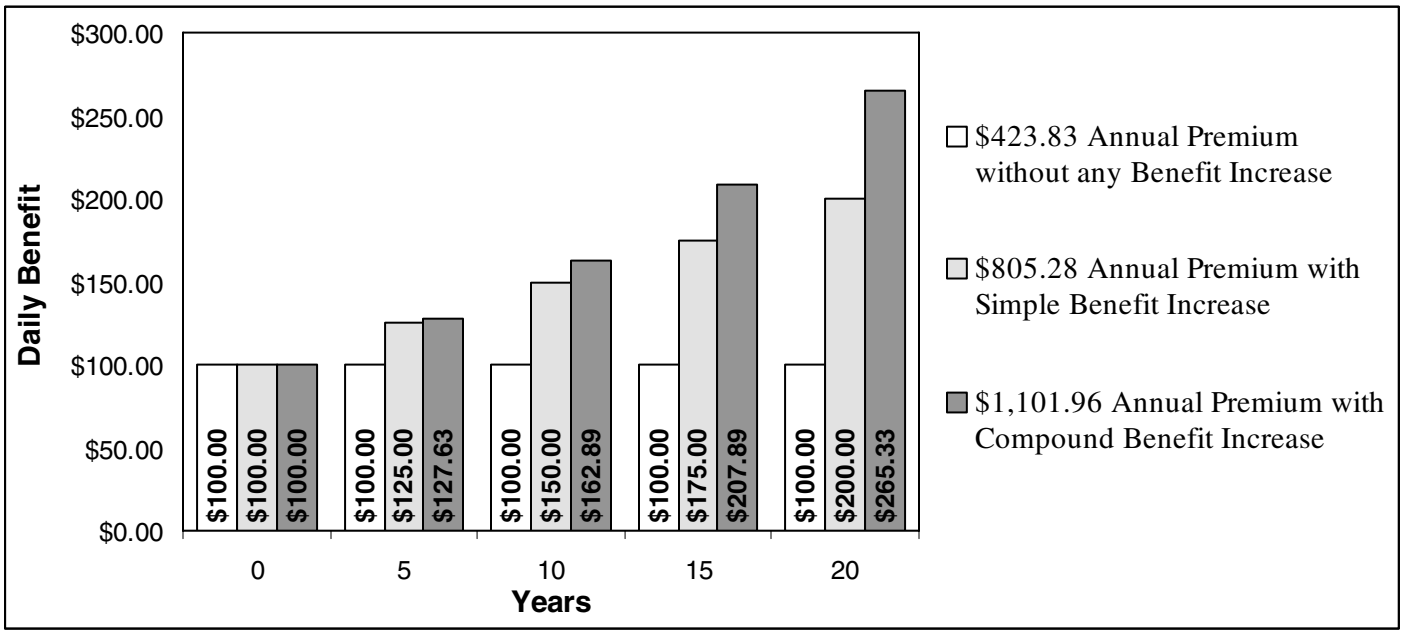
RESTORATION OF BENEFITS RIDER - The rider will restore the Benefit Amount payable under the policy if, claims paid during a Single Claim Period have not exceeded the Benefit Amount, the policy remains in force and for a period of 180 consecutive days, you do not satisfy the Eligibility for the Payment of Benefits provision under the policy (because you have recovered and you are not receiving any benefits). We will restore benefits up to a Maximum Benefit Amount of twice the Benefit Amount selected. In the case of joint coverage, if only one of you has exhausted the Maximum Benefit Amount with Restoration of Benefits, coverage will continue for the remaining insured.

SHARED BENEFIT AMOUNT RIDER - The rider provides a jointly Shared Benefit Amount in the event either or both joint insureds exhaust the Nursing Care or, if selected, the Home and Community Based Care Benefit Amount under the policy. The Shared Benefit Amount will be equal to the Benefit Amount shown on the Policy Schedule. Benefits we pay are subtracted from the Shared Benefit Amount.

BENEFIT INCREASE RIDERS - These riders provide that on each policy anniversary, we will increase the Daily Benefit and Benefit Amount payable under the policy, as well as any applicable Maximum Lifetime Caregiver Training,

Maximum Benefit Amount with Restoration of Benefits or Shared Benefit Amount benefits. The Simple Benefit Increase Rider increases the Daily Benefit by 5% of the dollar amount originally issued. The remaining Benefit Amount is increased by the same proportion as the Daily Benefit. The Compound Benefit Increase Rider increases the Daily Benefit by 5% of the previous year's dollar amount. The remaining Benefit Amount is also increased by 5%. Under both riders, the Daily Benefit and Benefit Amount will continue to increase annually while you are receiving benefits under the policy.

The following graph compares the benefits and premiums between a policy with the Simple Benefit Increase Rider, a policy with the Compound Benefit Increase Rider and a policy without either rider. For purposes of illustration, the sample shown is for a policy with a 1,095-day (3-year) Benefit Period for Nursing Care and Home and Community Based Care, issued at age 55, a 90-day Elimination Period, and a $100.00 Daily Benefit.



John Q. Porter

Agent

321 Main Street

Address

Anytown, ST 12345-1234

(555) 555-1515

Phone Number

CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE POLICY.

MINNESOTA LIFE

Minnesota Life Insurance Company

Home Office: St. Paul, MN 55101-2098
Long Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
888.505.9817 Tel • 818.887.4595 Fax

APPLICATION FOR LONG TERM CARE INSURANCE POLICY

ML7500A-1-AR (PLEASE PRINT)

Applicant Information

Applicant (First Name, Middle Initial, Last Name)			Sex	Birthplace (City, State)
John Doe			☒ M ☐ F	Anytown, ST
Social Security Number	**Height**	**Weight**	**Birthdate**	**Age as of Nearest Birthday**
123-45-6789	6' 0"	180	1-1-53	55
Residence Address (Street, City, State, Zip)				Phone Work: (555) 555-1212 Home: (555) 555-1212 Cell/Other: (555) 555-1212 Acceptable times to call: ☒ Day ☐ Evening ☐ Sat/Sun
123 Main St., Anytown, ST 12345-1234				
Billing Address - If different (Name, Street, City, State, Zip)				

Health Questions

1. During the past 24 months, have you:

Yes	No		
☐	☒	a)	needed assistance or supervision with dressing, eating, bathing, toileting, transferring, or walking?
☐	☒	b)	used a wheelchair, walker, brace or cane?
☐	☒	c)	used oxygen equipment, received kidney dialysis or required a catheter?
☐	☒	d)	received home health care services, physical or other rehabilitative therapy?
☐	☒	e)	experienced amnesia, confusion, forgetfulness or memory loss?
☐	☒	f)	experienced dizziness, fainting, weakness or chronic fatigue?
☐	☒	g)	experienced falling, unstable gait, paralysis or loss of balance?
☐	☒	h)	been confined to a nursing facility, assisted living facility, or home for the aged?

2. During the past 10 years, have you been medically diagnosed with or treated for:

Yes	No			Yes	No		
☐	☒	a)	AIDS or positive HIV status?	☐	☒	d)	Hepatitis C?
☐	☒	b)	Alzheimer's Disease or dementia?	☐	☒	e)	Multiple Sclerosis?
☐	☒	c)	Amyotrophic Lateral Sclerosis?	☐	☒	f)	Parkinson's Disease or Parkinsonism?

3. During the past 10 years, have you been medically advised or treated for:

Yes	No			Yes	No		
☐	☒	a)	high blood pressure?	☐	☒	i)	seizures or other neurological disorder?
☐	☒	b)	heart disorder?	☐	☒	j)	alcohol or drug dependency or abuse?
☐	☒	c)	circulatory disorder?	☐	☒	k)	arthritis or osteoporosis?
☐	☒	d)	diabetes?	☐	☒	l)	depression or other psychiatric disorder?
☐	☒	e)	emphysema or other chronic lung disorder?	☐	☒	m)	breast, prostate or other genito-urinary disorder?
☐	☒	f)	cancer; internal or melanoma?	☐	☒	n)	glaucoma or macular degeneration?
☐	☒	g)	stroke?	☐	☒	o)	liver disease or disorder?
☐	☒	h)	TIA (transient ischemic attack)?				

If you answered "Yes" to any of Questions 1-3, provide full details below:

Ques. No.	Date From	Date To	Describe Condition and Treatment	Name of Physician or Care Facility

Health Questions (continued)

4. Provide the name, address and phone number of your primary care physician (PCP). Additional details may be provided on page 4:

J. Doctor

145 Main St., Anytown, ST 12345-1234

Date last seen: 7-1-07 Reason for visit: Check-up

5. Provide the names of all medical specialists consulted within the last 2 years (other than your PCP). Additional details may be provided on page 4:

Name / Phone number	Specialty	Reason for visit	Medication / treatment prescribed

6. During the past 12 months have you:

Yes No

❑ ☒ a) smoked cigarettes?

❑ ☒ b) received disability benefits? If "Yes," details:

❑ ☒ c) been advised to have any surgery that has not yet been performed? If "Yes," details:

❑ ☒ d) been declined by another company for a policy providing nursing home or home health care coverage? If "Yes," details:

❑ ☒ e) taken prescription medication? If "Yes," list all medications:

Additional Information

Yes No

❑ ☒ **7. Due to any mental or physical disability that you now have or have had in the past, is any person or institution authorized to act on your behalf? Additional details may be provided on page 4.**

❑ ☒ **8. Are you actively at work? If "Yes," hours per week:**

9. Occupation: **If retired, date of retirement:**

10. With whom do you currently live? ☒ Spouse ❑ Family ❑ Alone ❑ Other:

11. Type of residence? ☒ House or Condo ❑ Apartment ❑ Retirement Community ❑ Other

Information About Your Insurance Coverage

Yes No

❑ ☒ **12. Are you covered by Medicaid? (This does not mean Medicare)**

❑ ☒ **13. Do you have a policy, certificate or application with this or any other company providing long term care insurance (including a health care service contract or health maintenance organization contract)?**

❑ ☒ **14. Did you have another long term care insurance policy or certificate in force during the last twelve (12) months?**

If that policy lapsed, when did it lapse?

❑ ☒ **15. Do you intend to replace any of your long term care, medical or health insurance coverage with this policy?**

If you answered "Yes" to any of Questions 13-15, provide full details below and complete required replacement forms:

Ques. No.	Company	Issue Date	Type of Policy	Daily Benefit	Renewal Date

COMPLETE THIS PAGE FOR JOINT COVERAGE APPLICANT ONLY

Applicant Information

Applicant (First Name, Middle Initial, Last Name)			Sex	Birthplace (City, State)
Mary Doe			❑ M ☒ F	Anytown, ST
Social Security Number	**Height**	**Weight**	**Birthdate**	**Age as of Nearest Birthday**
234-56-7891	5' 5"	130 lbs.	1-1-58	50

Phone
Work: (555) 555-1212
Home: (555) 555-1212
Cell/Other: (555) 555-1212
Acceptable times to call:
☒ Day ❑ Evening ❑ Sat/Sun

Relationship to Primary Applicant: Wife

Health Questions

1. During the past 24 months, have you:

Yes	No		
❑	☒	a)	needed assistance or supervision with dressing, eating, bathing, toileting, transferring, or walking?
❑	☒	b)	used a wheelchair, walker, brace or cane?
❑	☒	c)	used oxygen equipment, received kidney dialysis or required a catheter?
❑	☒	d)	received home health care services, physical or other rehabilitative therapy?
❑	☒	e)	experienced amnesia, confusion, forgetfulness or memory loss?
❑	☒	f)	experienced dizziness, fainting, weakness or chronic fatigue?
❑	☒	g)	experienced falling, unstable gait, paralysis or loss of balance?
❑	☒	h)	been confined to a nursing facility, assisted living facility, or home for the aged?

2. During the past 10 years, have you been medically diagnosed with or treated for:

Yes	No		
❑	☒	a)	AIDS or positive HIV status?
❑	☒	b)	Alzheimer's Disease or dementia?
❑	☒	c)	Amyotrophic Lateral Sclerosis?
❑	☒	d)	Hepatitis C?
❑	☒	e)	Multiple Sclerosis?
❑	☒	f)	Parkinson's Disease or Parkinsonism?

3. During the past 10 years, have you been medically advised or treated for:

Yes	No		
❑	☒	a)	high blood pressure?
❑	☒	b)	heart disorder?
❑	☒	c)	circulatory disorder?
❑	☒	d)	diabetes?
❑	☒	e)	emphysema or other chronic lung disorder?
❑	☒	f)	cancer; internal or melanoma?
❑	☒	g)	stroke?
❑	☒	h)	TIA (transient ischemic attack)?
❑	☒	i)	seizures or other neurological disorder?
❑	☒	j)	alcohol or drug dependency or abuse?
❑	☒	k)	arthritis or osteoporosis?
❑	☒	l)	depression or other psychiatric disorder?
❑	☒	m)	breast, prostate or other genito-urinary disorder?
❑	☒	n)	glaucoma or macular degeneration?
❑	☒	o)	liver disease or disorder?

If you answered "Yes" to any of Questions 1-3, provide full details below:

Ques. No.	Date From	Date To	Describe Condition and Treatment	Name of Physician or Care Facility

COMPLETE THIS PAGE FOR JOINT COVERAGE APPLICANT ONLY

Health Questions (continued)

4. Provide the name, address and phone number of your primary care physician (PCP). Additional details may be provided on page 4:

J. Doctor

145 Main St., Anytown, ST 12345-1234

Date last seen: 7-1-07 Reason for visit: Check-up

5. Provide the names of all medical specialists consulted within the last 2 years (other than your PCP). Additional details may be provided on page 4:

Name / Phone number	Specialty	Reason for visit	Medication / treatment prescribed

6. During the past 12 months have you:

Yes No

❑ ☒ a) smoked cigarettes?

❑ ☒ b) received disability benefits? If "Yes," details:

❑ ☒ c) been advised to have any surgery that has not yet been performed? If "Yes," details:

❑ ☒ d) been declined by another company for a policy providing nursing home or home health care coverage? If "Yes," details:

❑ ☒ e) taken prescription medication? If "Yes," list all medications:

Additional Information

Yes No

❑ ☒ **7. Due to any mental or physical disability that you now have or have had in the past, is any person or institution authorized to act on your behalf? Additional details may be provided on page 4.**

❑ ☒ **8. Are you actively at work? If "Yes," hours per week:**

9. Occupation: **If retired, date of retirement:**

10. With whom do you currently live? ☒ Spouse ❑ Family ❑ Alone ❑ Other:

11. Type of residence? ☒ House or Condo ❑ Apartment ❑ Retirement Community ❑ Other

Information About Your Insurance Coverage

Yes No

❑ ☒ **12. Are you covered by Medicaid? (This does not mean Medicare)**

❑ ☒ **13. Do you have a policy, certificate or application with this or any other company providing long term care insurance (including a health care service contract or health maintenance organization contract)?**

❑ ☒ **14. Did you have another long term care insurance policy or certificate in force during the last twelve (12) months?**

If that policy lapsed, when did it lapse?

❑ ☒ **15. Do you intend to replace any of your long term care, medical or health insurance coverage with this policy?**

If you answered "Yes" to any of Questions 13-15, provide full details below and complete required replacement forms:

Ques. No.	Company	Issue Date	Type of Policy	Daily Benefit	Renewal Date

Coverage Applied For

** If a PARTNERSHIP POLICY is selected below and you are age **60 or younger**, the Compound Benefit Increase Rider must be selected and will be issued with your policy. If you are age **61-75**, either the Compound or Simple Benefit Increase Rider must be selected and will be issued with your policy.*

☒ Partnership Policy ☐ Non-Partnership Policy

Comprehensive coverage is Nursing Care plus Home and Community Based Care (HCBC)

Select only one of the following coverage combinations:

- ☐ Nursing Care Only
- ☒ Comprehensive
- ☐ Comprehensive with HCBC Indemnity Benefit Rider
- ☐ Comprehensive with Monthly HCBC Benefit Rider **(The Compound Benefit Increase Rider must also be selected)**

Elimination Period:

- ☐ 0 Days
- ☐ 30 Days
- ☒ 90 Days
- ☐ 180 Days

Daily Benefit Applied For: $ 100.00

Benefit Period:

- ☐ Lifetime
- ☐ 1,825 Days (5 Years)
- ☒ 1,095 Days (3 Years)
- ☐ 730 Days (2 Years)

** Please refer to Partnership Policy requirements above.*

Benefit Increase Riders (select only one):

- ☒ Compound Benefit Increase
- ☐ Simple Benefit Increase

Nonforfeiture Benefit Rider:

- ☒ Shortened Benefit Period Nonforfeiture

Benefit Extension Riders (select only one):

(Not available with Lifetime Benefit Period)

- ☐ Restoration of Benefits
- ☐ Shared Benefit Amount

Additional Benefits:

- ☐ Full Return of Premium Rider

The following are available with Comprehensive coverage only:

- ☐ HCBC Waiver of Premium Rider
- ☐ HCBC First Day Coverage Rider **(not available with Calendar Day Elimination Period Option below)**
- ☐ Calendar Day Elimination Period Option **(May be added if 30, 90 or 180 days have been selected)**

Required Benefit Rejection

IF INFLATION PROTECTION OR NONFORFEITURE BENEFITS ARE NOT SELECTED YOU MUST INITIAL IN BOXES BELOW:

** See Benefit Increase Rider requirements related to **Partnership Policies** above.*

REJECTION OF BENEFIT INCREASE RIDERS - I have reviewed the Outline of Coverage and the graph that compares the benefits and premiums of this policy with and without the Benefit Increase Riders and I have chosen to **reject** these riders.

Initial here: ☐ Primary Applicant ☐ Joint Applicant

REJECTION OF NONFORFEITURE RIDER - I have reviewed the Outline of Coverage that describes the Shortened Benefit Period Nonforfeiture Rider and I have chosen to **reject** this rider.

Initial here: ☐ Primary Applicant ☐ Joint Applicant

Premium Information

Primary Applicant Rate Class:

☒ Preferred Select ☐ Preferred ☐ Standard

Joint Applicant Rate Class:

☒ Preferred Select ☐ Preferred ☐ Standard

Payment Mode (select only one):

- ☒ Annual
- ☐ Semi-Annual
- ☐ Quarterly
- ☐ Monthly Automatic Payment Plan
- ☐ **List Billing (select mode as shown below):**
  - ☒ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

Premium Payment Options (select only one):

- ☐ Lifetime Premium
- ☐ 20-Year Premium
- ☒ 10-Year Premium

Approved Employer or Association Group?

☐ **Yes** ☒ **No** If "Yes," Group Identification Code or Name: _____

Paid with Application	**Beneficiary Name and Relationship**
$ 5,149.58	Jane Doe Sister

Special Request / Requested Effective Date

Unintentional Lapse

PROTECTION AGAINST UNINTENTIONAL LAPSE

I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long term care insurance policy for nonpayment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid. **Check applicable box:**

❑ I elect NOT to designate any person to receive such notice.

☒ I designate the following person to receive notice prior to cancellation of my policy for nonpayment of premium:

Name: Paul Doe Telephone Number: (555) 555-1414

Address: 123 First St. (Street) Anytown (City) ST (State) 12345-1234 (Zip Code)

Relationship: Brother

Additional Details

ADDITIONAL DETAILS

Provide additional details for any "yes" answers, or for questions 4 and 5. Include the question number and indicate whether details pertain to **Primary** or **Joint** Applicant.

Applicant Statements

AGREEMENT - The answers given are complete and true to the best of my knowledge and belief. I understand that the Company will rely on my written answers to the questions in this application and that if my answers are not complete and true, my policy may not be valid. I also understand that the agent cannot determine eligibility for or alter the terms of the proposed policy.

ACKNOWLEDGMENT - I acknowledge receipt of an Outline of Coverage, NAIC Shopper's Guide, Potential Rate Increase Disclosure Form, Disclosure Statement (which includes the Notice of Insurance Information Practices) and Notice of Privacy Practices.

"I" means the applicant and if applicable, the joint applicant applying for coverage under this application.

CAUTION: If your answers on this application are incorrect or untrue, Minnesota Life Insurance Company has the right to deny benefits or rescind your policy.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed at: Anytown, ST
City, State

✘ John Doe — 1-1-08
Applicant's Signature — Date

✘ Mary Doe — 1-1-08
Joint Applicant's Signature — Date

Agent Must Complete Statement on Next Page

AGENT'S STATEMENT

Agent's Statement

1. How well do you know the Applicant(s)?

- ❑ Known well for ____ years
- ☒ Met very recently
- ❑ Known slightly for ____ years
- ❑ Relative? _____

Yes	No	
❑	☒	**2a. To the best of your knowledge, is the insurance applied for intended to replace any long term care, medical or health insurance in force with this or any other company?**
		2b. List any other health insurance policies that you have sold to the applicant(s):
		(i) Which of the policies listed above are still in force, if any?
		(ii) Which of the policies listed above sold in the past five (5) years are no longer in force, if any?
☒	❑	**3. Did you ask the applicant(s) all the questions face to face and witness their signature(s)?** If "No," provide details:
☒	❑	**4. Did you deliver to the applicant(s) the Outline of Coverage, the required Disclosures, including the Notice of Insurance Information Practices, the NAIC Shopper's Guide and the Notice of Privacy Practices?**

I certify that the answers to the questions provided by the applicant(s) were fully and accurately recorded in the application, that the questions in the Agent's Statement have been answered accurately and that the Outline of Coverage, the required Disclosures, the NAIC Shopper's Guide and the Notice of Privacy Practices have been given to the applicant(s). I have reviewed the current health insurance coverage of the applicant(s) and find that the coverage of the type and amount applied for is appropriate for the needs of the applicant(s). Further, if this is a replacement, I have reviewed the current health insurance coverage of the applicant(s) and find that this replacement is appropriate for the needs of the applicant(s).

John Q. Porter		✘ John Q. Porter	
Licensed Agent's Name (please print)		Licensed Agent's Signature	
	1234	100	
	Ident. Code	Split %	
(555) 555-1515	(555) 555-1414	5678	1-1-08
Agent Phone	Agent Fax	Agency Number	Date
Second Agent's Name (Please Print)		Ident. Code	Split %
Third Agent's Name (Please Print)		Ident. Code	Split %

SERFF Tracking Number:	*LFCR-125723833*	*State:*	*Arkansas*
Filing Company:	*Minnesota Life Insurance Company*	*State Tracking Number:*	*39538*
Company Tracking Number:	*MLE-CNF-LP*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*LTC Guard*		
Project Name/Number:	*/*		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	*LFCR-125723833*	*State:*	*Arkansas*
Filing Company:	*Minnesota Life Insurance Company*	*State Tracking Number:*	*39538*
Company Tracking Number:	*MLE-CNF-LP*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*LTC Guard*		
Project Name/Number:	*/*		

Supporting Document Schedules

Satisfied -Name: Certification/Notice
Review Status: Approved-Closed 07/21/2008
Comments:
Attachment:
AR CERTIFICATION OF COMPLIANCE.pdf

Bypassed -Name: Application
Review Status: Approved-Closed 07/21/2008
Bypass Reason: See Form Schedule
Comments:

Bypassed -Name: Outline of Coverage
Review Status: Approved-Closed 07/21/2008
Bypass Reason: See Form Schedule
Comments:

Satisfied -Name: Cover Sheet
Review Status: Approved-Closed 07/21/2008
Comments:
Attachment:
AR ML7500 updates Cover Sheet.pdf

Satisfied -Name: Issuer Certification Form
Review Status: Approved-Closed 07/21/2008
Comments:
Attachment:
AR Partnership Issuer Certification.pdf

CERTIFICATION OF COMPLIANCE

Insurer: Minnesota Life Insurance Company

The company has reviewed the enclosed policy form(s) and certified that they comply with the provision of Regulation 19 as well as all applicable requirements of the Arkansas Department of Insurance.

Signature: Trudy Weigel

Name: Trudy Weigel

Title: Compliance Analyst

Date: July 7, 2008

FORM FILING COVER SHEET – AR

RATE STABILIZATION AND PARTNERSHIP FORMS

POLICY FORMS FILED FOR USE AS **QUALIFIED TAX STATUS:**

Rate Stabilization forms:

MLE-CNF-LP	Contingent Benefit Upon Lapse Endorsement for Limited Pay Policy
MLN-PRI-LP	Potential Rate Increase Disclosure Form
MLE-RED	Reduction of Benefits Endorsement
MLN-LTC	Things You Should Know before You Buy Long Term Care Insurance

Partnership forms:

MLN-PRT-AR	Partnership Program Notice
MLD-PRT-AR	Important Notice Regarding Your Policy's Long-Term Care Insurance Partnership Status

Revised Forms:

ML7500OC-1-AR	Outline of Coverage revised and replacing ML7500OC-GA
ML7500A-1-AR	Application for Long Term Care revised and replacing ML7500-A-GA

APPENDIX C
ISSUER CERTIFICATION FORM
(relating to Qualified State Long-Term Care Insurance Partnership)

In order to provide the Insurance Commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requires information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the Qualified Partnership of the State.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, *e.g.*, as it introduces new long-term care insurance policy forms for issuance.

I. GENERAL INFORMATION

A. Name, address and telephone number of issuer:

Minnesota Life Insurance Company
P.O. Box 4243
Woodland Hills, CA 91365-4243 Phone: 888-505-9817

B. Name, address, telephone number, and email address (if available) of an employee of issuer who will be the contact person for information relating to this form:

Trudy Weigel
P.O. Box 4243
Woodland Hills, CA 91365-4243 Phone: (800) 366-5463 Ext. 2240 Email: Trudy.Weigel@LifeCareAssurance.com

C. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form (expand the space below as required):

ML7500P-AR et al Long Term Care Policy and related forms

Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

II. CERTIFICATIONS

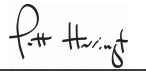
A. I hereby certify that the policy forms listed above are in compliance with Rule 13 and Rule 94 and all other Arkansas statutes and rules regarding long-term care insurance.

B. I hereby certify to the best of my knowledge and belief that all producers who sell, solicit or negotiate long-term care insurance products on {insert issuer name's} behalf have received the training required for Partnership policies and that they demonstrate an understanding of the policies and their relationship to public and private long-term care coverage.

C. I hereby certify that the answers, accompanying documents, and other information set forth herein are, to the best of my knowledge and belief, true, correct, and complete.

July 8, 2008
Date

Matthew Harrington, Assistant Secretary
Name and title of officer of the Issuer



Signature of officer of the Issuer